

SENDER: COMPLETE THIS SECTION

Case 2:05-cv-00278-MEF-CSC
■ Complete items 1, 2, and 3. Also complete
item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse
so that we can return the card to you.
■ Attach this card to the back of the mailpiece,
or on the front if space permits.

1. Article Addressed to:

*Joe McInnes
Director
CD ADD
1409 Coliseum Block
Mont. HAL 36110*

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

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A. Signature

X *Joe McInnes*

Agent

Addressee

B. Received by (Printed Name)

4/7/06

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7005 1820 0002 3461 3028

Domestic Return Receipt

102595-02-M-1540